

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

**ATTORNEY  
COPY**

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4866

vs.

LESLIE J. MOYER

Defendant

**FILED FEB 20 2003**

**CERTIFICATE OF SERVICE**  
**PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)**

Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☒ Personal Service by the Sheriff's Office/~~competent adult~~ (copy of return attached).
- ☐ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
- ☐ Certified mail by Sheriff's Office.
- ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
- ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
- ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.

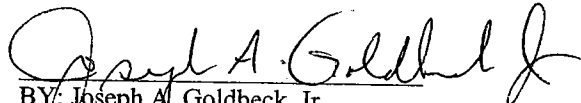
**IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.**

- ☐ Premises was posted by Sheriff's Office/competent adult (copy of return attached).
- ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
- ☐ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,

  
BY: Joseph A. Goldbeck, Jr.  
Attorney for Plaintiff

**TO:** MOYER, LESLIE J.  
**LESLIE J. MOYER**  
 2183 MAIN STREET #2  
 NORTHAMPTON, PA 18067

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 December 11, 2002

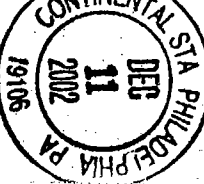
**REFERENCE:** MOYER, LESLIE J. / USA-0184  
 - Northampton

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**  
 Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



**TO:** MOYER, LESLIE J. #3  
**LESLIE J. MOYER**  
 4180 Lehigh Drive  
 P.O. BOX 792  
 Cherryville, PA 18035

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 December 11, 2002

**REFERENCE:** MOYER, LESLIE J. / USA-0184  
 - Northampton

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**  
 No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 9844 1076 4350

**TO:** MOYER, LESLIE J.  
**LESLIE J. MOYER**  
 4180 Lehigh Drive  
 NORTHAMPTON, PA 18035

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 December 11, 2002

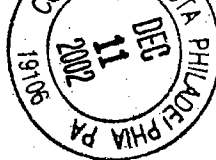
**REFERENCE:** MOYER, LESLIE J. / USA-0184  
 - Northampton

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**  
 No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



**GOLDBECK MCCAFFERTY & MCKEEVER**

Suite 500 The Bourse Building  
111 S. Independence Mall East  
Philadelphia, Pennsylvania 19106

Name and Address of Sender

Check type of mail:  
☐ Express  
☐ Registered  
☐ Insured  
☐ COD  
☐ Return Receipt (RR) for Merchandise  
☐ Certified  
☐ Init. Rec. Del.  
☐ Del. Confirmation (DC)

If Registered Mail check below:  
☐ Insured  
☐ Not Insured

Affix stamp here if issued as certificate of mailing, or for additional copies of this bill.  
 Postmark and Date of Receipt

Line Article Number

Address Name, Street, and PO Address

Postage

Fees

Handling Charge

Actual Value (If Reg.)

Insured Value

Due Sender If COD

RR Fee

DC Fee

SC Fee

SH Fee

SD Fee

RD Fee

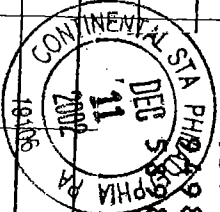
Remarks

DOMESTIC RELATIONS OF NORTHAMPTON COUNTY  
609 Washington Street  
Easton, PA 18042

GARY MEIZGAR ETAL  
1616 Midman Road  
Easton, PA 18040

PA DEPARTMENT OF PUBLIC WELFARE  
Bureau of Child Support Enforcement  
Health and Welfare Bldg. - Room 432  
P.O. Box 2675  
Harrisburg, PA 17105-2675

OCCUPANTS/TENANTS  
4180 Lehigh Drive  
Cherryville, PA 18035



1372 U.S. POSTAGE P82211913  
\$03.60 DEC 11 02  
MAILED FROM ZIP CODE 19106

Total Number of Pieces

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

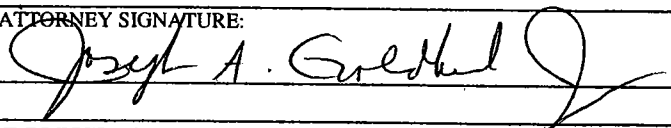
The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail sent with optional postal insurance. See Domestic Mail Manual P900, S813, and S821 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

Mayer


USA

## ORDER FOR SERVICE REQUEST

TO BE COMPLETED BY THE REQUESTING ATTORNEY

1. All information from the attorney must be filled-in before service can be made. 2. Prepare a separate Order for Service form for each defendant to be served by the Sheriff. <b>3. When completing location for service, be certain to have a valid address or directions. Do not use P.O. Boxes or R.D. - ADDRESSES ONLY. Provide the township, if applicable.</b>		4. When a Deputy Sheriff levys or attaches property, he or she will leave the property without a watchman and in custody of whomever is found in possession, after notifying the person the property is under a Sheriff's levy. The Sheriff or Deputy is not liable in any way for protecting property. 5. Service will be executed in accordance with Rule 402 and Title 231, Pennsylvania Rules of Civil Procedure. 6. The attorney must certify all copies of process. 7. Supply a self-addressed stamped envelope for return of service.	
PLAINTIFF: <b>THE UNITED STATES OF AMERICA</b>		RECEIVED SHERIFF'S DEPARTMENT NORTHAMPTON COUNTY DEC 3 10:09 AM '03	
DEFENDANT: <b>LESLIE J. MOYER</b>			
SERVE UPON: <b>LESLIE J. MOYER</b>	LOCATION: <b>2183 Main STREET #2 NORTHAMPTON, PA 18067</b>		
TYPE OF WRIT: <b>NOTICE OF U.S. MARSHALL SALE</b> ATTORNEY (NAME, ADDRESS, PHONE): <b>PROPERTY &amp; MCKEEVER Suite 500 The Bourse Building 111 S. Independence Mall East Philadelphia, Pennsylvania 19106</b>			
		ATTORNEY SIGNATURE: 	

FOR PROTHONOTARY USE ONLY			
DOCKET NUMBER: <b>02-CV-4866</b>	LAST DAY FOR SERVICE: <b>JAN 10, 2003</b>	FEES PAID:	
RETURN OF SERVICE (To be completed by Sheriff)			
INDIVIDUAL SERVED: <b>LARRY Smayer</b>	DATE: <b>1/3/03</b>	TIME: <b>1:50 PM</b>	
LOCATION: (IF DIFFERENT FROM ABOVE)	( ) BOROUGH OF ( ) CITY OF ( ) TOWNSHIP OF ( ) Other: _____ ( ) Not Found ( ) Moved ( ) No Answer ( ) Vacant ( ) Unknown		
Served in the following manner: <input type="checkbox"/> Defendant personally served <input checked="" type="checkbox"/> Adult family member with whom said defendant resides <input type="checkbox"/> Adult in charge of defendant's residence <input type="checkbox"/> Manager/Clerk of place of lodging in which defendant resides <input type="checkbox"/> Agent or person in charge of defendant's office or usual place of business <input type="checkbox"/> Officer of said defendant company <input type="checkbox"/> Posted property <input type="checkbox"/> Levy on property			
(Comments)			

SO ANSWERS: JEFFREY K HAWBECKER SHERIFF OF NORTHAMPTON COUNTY BY:  Deputy Sheriff	I hereby deputize the Sheriff of _____ County, To execute and make a return on the above and attached action according to law. _____ Sheriff of Northampton County Date
ACCEPTANCE OF SERVICE	
I accept service of the _____ on behalf of _____ and certify that I am authorized to do so.	
_____ (Defendant or Authorized Agent)	_____ (Mailing Address)

NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT  
 669 WASHINGTON STREET  
 EASTON, PA 18042-7483  
 (610) 559-3084  
 (610) 559-3781 (REAL ESTATE)

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

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UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4866

vs.

LESLIE J. MOYER

Defendant

**AFFIDAVIT PURSUANT TO RULE 3129**

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

4180 Lehigh Drive  
Cherryville, PA 18035

1. Name and address of Owner or Reputed Owner:

LESLIE J. MOYER  
4180 Lehigh Drive  
Cherryville, PA 18035

2. Name and address of Defendant in the judgment:

LESLIE J. MOYER  
4180 Lehigh Drive  
Cherryville, PA 18035

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

DOMESTIC RELATIONS OF NORTHAMPTON COUNTY  
669 Washington Street  
Easton, PA 18042

GARY METZGAR ETAL  
1616 Mitman Road  
Eaton, PA 18040

PA DEPARTMENT OF PUBLIC WELFARE  
Bureau of Child Support Enforcement  
Health and Welfare Bldg. - Room 432  
P.O. Box 2675  
Harrisburg, PA 17105-267

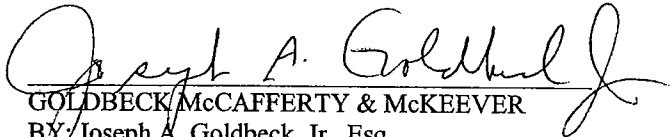
4. Name and address of the last recorded holder of every mortgage of record:
5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS  
4180 Lehigh Drive  
Cherryville, PA 18035

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: January 28, 2003

  
GOLDBECK/McCAFFERTY & McKEEVER  
BY: Joseph A. Goldbeck, Jr., Esq.  
Attorney for Plaintiff

PLAINTIFF <b>THE UNITED STATES OF AMERICA</b>	COURT CASE NUMBER <b>02-CV-4866</b>
DEFENDANT <b>LESLIE J. MOYER</b>	TYPE OF PROCESS <b>NOTICE OF US MARSHAL SALE</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>LESLIE J. MOYER</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>4180 LEHIGH DRIVE, CHERRYVILLE, PA 18035</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>GOLDBECK McCAFFERTY &amp; McKEEVER</b> <b>Suite 500 The Bourse Building</b> <b>111 S. Independence Mall East</b> <b>Philadelphia, Pennsylvania 19106</b>	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

PLEASE POST HANDBILL

Signature of Attorney or other Originator requesting service on behalf of: <b>Joseph A. Grubel</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>215-627-1322</b>	DATE <b>12-11-02</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>	Signature of Authorized USMS Deputy or Clerk <b>Cheryl Lee</b>	Date <b>12-16-02</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>12/10/02</b> Time <b>4:20</b> am <b>pm</b>
	Signature of U.S. Marshal or Deputy <b>[Signature]</b>

Service Fee	Total Mileage Charges (including endeavors) <b>42 mi RT</b>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or <b>15.12</b>	Amount of Refund
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REMARKS: **Booked in and held by agent at 11:00 am**

**NOTE**